

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/532296

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 37 | ↔ | | ↔ | ↔ | |
| TOTAL CLAIMS | 40 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | ↓ | | ↓ | ↓ |
| TOTAL DEP. | | | ↔ | | ↔ | ↔ |
| TOTAL CLAIMS | | | [REDACTED] | [REDACTED] | [REDACTED] | |